

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AW</i>	<i>62814</i>	<i>3/16/00</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>8-18-00</i>
FORMALITY REVIEW	<i>RT</i>	<i>515</i>	<i>09-20-00</i>
RESPONSE FORMALITY REVIEW	<i>HA</i>	<i>858</i>	<i>12-12-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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